



Operational instructional series:

Direct Data Entry of a Dental Claim

**Presented by the Provider Relations Team
Office of the Chief Medical Officer
Washington Medicaid
10-14-2011**



How to submit a Direct Data Entry Dental claim in ProviderOne

- The object of this presentation is to take a provider step by step through the process of submitting a dental claim directly into ProviderOne.
- This presentation will only utilize fields that would be required to process the claim in ProviderOne.
- This presentation also demonstrates how to add backup documentation to the claim if it is required.



Accessing ProviderOne

- Use web address
<https://www.waproviderone.org>
- Ensure that your system “Pop Up Blocker” is turned “**OFF**”
- Login using assigned Domain, Username, and Password
- Click on the “Login” button

ProviderOne Home

?

Domain:

Username:

Password:

Login

[To Reset Password, Click here](#)


[If you are a Client, Click here](#)

[Creating new Session, Click here](#)



Determine what profile to use

Welcome
to the
Medicaid Management Information System
for


Department of Social & Health Services

Select a profile to use during this session:

EXT Provider Super User	▼	* Go
EXT Provider Claims Submitter		
EXT Provider Eligibility Checker-Claims Submitter		

For claims submission choose one of the following profiles

- EXT Provider Super User
- EXT Provider Claims Submitter
- EXT Provider Eligibility Checker – Claims Submitter



Provider Portal

■ From the Provider Portal select the “Online Claims Entry” option located under the “Claims” Heading

Provider Portal:	
Online Services:	
Claims	Hide/Max
Claim Inquiry	
Claim Adjustment/Void	
On-line Claims Entry	
On-line Batch Claims Submission (837)	
Resubmit Denied/Voided Claim	
Retrieve Saved Claims	
Manage Templates	
Create Claims from Saved Templates	
Manage Batch Claim Submission	



Provider Portal

■ Choose the type of claim that you would like to submit.

- Professional is the HCFA 1500
- Institutional is the UB04
- Dental is the 2006 ADA form

Choose an Option.

Submit Professional

Submit Professional

Submit Institutional

Submit Institutional

Submit Dental

Submit Dental



Billing Provider Information

- Enter the billing provider NPI and taxonomy code
 - This will likely be the NPI and Taxonomy Code of the clinic/office where the service was performed and where you would like payment to be received.

BILLING PROVIDER	
* Provider NPI:	<input type="text"/>
* Taxonomy Code:	<input type="text"/>



Rendering Provider Information

- If the “Rendering Provider” is different than the “Billing Provider” answer “**NO**” and enter the “Rendering (Treating Provider)” NPI and Taxonomy Code.



* Is the Billing Provider also the Rendering Provider?

☐ Yes ☒ No

RENDERING (PERFORMING) PROVIDER

* Provider NPI:

* Taxonomy Code:



Subscriber/Client Information

■ Enter the Subscriber/Client ID number found on the WA Medicaid medical card. This ID is a 9 digit number followed by a “WA”

➤ Example: 123456789WA

SUBSCRIBER/CLIENT INFORMATION	
SUBSCRIBER/CLIENT	
* Client ID:	<input type="text"/>
	Additional Subscriber/Client Information

■ Click on the red “+” to expand the additional “Subscriber/Client Information” that is required.



Subscriber/Client Information Continued

■ Once the field is expanded enter the “Patient’s Last Name, Date of Birth, and Gender.

- Date of birth must be in the following format: mm/dd/ccyy
- Additional shown information is not needed.

SUBSCRIBER/CLIENT INFORMATION			
SUBSCRIBER/CLIENT			
* Client ID:	<input type="text"/>		
<input type="checkbox"/> Additional Subscriber/Client Information			
* Org/Last Name:	<input type="text"/>	First Name:	<input type="text"/>
* Date of Birth:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	mm	dd	ccyy
* Gender:	<input type="text"/>		



Patient Account Number

- The “Patient Account No” field allows the provider to enter their internal patient account numbers that have been assigned by their practice management system.

Patient Account No.:

➤ Note: Using the providers internal patient account numbers may make it easier to reconcile the weekly remittance and status report (RA) as these numbers will be posted on the RA.



Service Date and Place of Service

- Enter the main Date of Service that is on the claim and the Place of Service..

* Service Date:	mm	dd	ccyy
	<input type="text"/>	<input type="text"/>	<input type="text"/>
* Place of Service:	<input type="text"/>		
	<input type="button" value="v"/>		

➤ Note: If there is only ONE date of service on the claim it only needs to be entered in this location.

➤ Note: The date of service must be in the format of 2 digit month, 2 digit day, and 4 digit year, for example 10/03/2011

01-PHARMACY
03-SCHOOL
04-HOMELESS SHELTER
05-INDIAN HLTH SVC FREE-STANDING FACILITY
06-INDIAN HLTH SVC PROVIDER-BASED FACILITY
07-TRIBAL 638 FREE-STANDING FACILITY
08-TRIBAL 638 PROVIDER-BASED FACILITY
09-PRISON/CORRECTIONAL FACILITY
11-OFFICE
12-Home
13-ASSISTED LIVING FACILITY
14-Group Home
15-MOBILE UNIT
16-TEMPORARY LODGING
17-WALK-IN RETAIL HEALTH CLINIC

20-URGENT CARE FACILITY
21-INPATIENT HOSPITAL
22-OUTPATIENT HOSPITAL
23-EMERGENCY ROOM - HOSPITAL
24-AMBULATORY SURGICAL CENTER
25-BIRTHING CENTER
26-MILITARY TREATMENT FACILITY
31-SKILLED NURSING FACILITY (SNF)
32-NURSING FACILITY
33-CUSTODIAL CARE FACILITY
34-Hospice
41-AMBULANCE - LAND
42-AMBULANCE - AIR OR WATER
49-INDEPENDENT CLINIC
50-FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

51-INPATIENT PSYCHIATRIC FACILITY
52-PSYCHIATRIC FACILITY - PARTIAL HOSPITALIZATION
53-COMMUNITY MENTAL HEALTH CENTER
54-INTERMEDIATE CARE FACILITY (ICF/MR)
55-RESIDENTIAL SUBSTANCE ABUSE TREATMENT FACILITY
56-PSYCHIATRIC RESIDENTIAL TREATMENT CENTER
57-NON-RESIDENTIAL SUBSTANCE ABUSE TREATMENT FACILITY
60-MASS IMMUNIZATION CENTER
61-COMPREHENSIVE INPATIENT REHAB FACILITY
62-COMPREHENSIVE OUTPATIENT REHAB FACILITY
65-END-STAGE RENAL DISEASE TREATMENT FACILITY
71-PUBLIC HEALTH CLINIC
72-RURAL HEALTH CLINIC (RHC)
81-INDEPENDENT LABORATORY
99-OTHER PLACE OF SERVICE



Additional Claim Data

- The “Additional Claim Data” red (+) expander will allow the provider to enter the patient’s spenddown amount.

[+] Additional Claim Data

- If patient has a spenddown click on the red (+) expander to display the below image. Enter the spenddown in the “Patient Paid Amount” box.

☐ **Additional Claim Data**

Delay Reason Code:

Provider Signature on File: ☐ Yes ☐ No

Special Program Type Code:

Provider Accept Assignment Code:

Benefits Assignment Certification:

Release Of Information Code:

Service Authorization Exception Code:

Patient Paid Amount:

Contract Code:

Appliance Placement Date: mm dd ccyy



Prior Authorization

- Prior Authorization is located under the “Claim Information” section



- If a “Prior Authorization” number needs to be added to the claim, click on the red “+” to expand the “Prior Authorization” fields.

☐ **PRIOR AUTHORIZATION**

1. *

Prior Authorization Number:

2.

Prior Authorization Number:

➤ Note: We recommend that providers enter any authorization number in these boxes. Entering the number here will cover the entire claim



Claim Note

- If a note needs to be added onto the claim to assist in the adjudication please add it here.



- To add the “Claim Note”, click on the red “+” to expand the “**Claim Note**” section.

➤ Enter the “**Type Code**” and “**NOTE**”. ProviderOne allows up to 80 characters.

☐ **CLAIM NOTE**

* Type Code:

* Note:

characters remaining: 80

*** Remember only add comments that will assist in the processing of the claim!



Is the Claim Accident Related?

■ This question will almost always be answered “**NO**” as Washington Medicaid has a specific casualty office that handles claims where another insurance may be primary.

- The Casualty office can be reached at 800-562-3022 ext 15462



* Is this claim accident related?



Yes



No



Basic Service Line Items

- Enter the “ADA Procedure Code”

* Procedure Code:

➤ Note: Use current codes listed in the coding manuals.

➤ Note: For dental claims to process in ProviderOne the preceding “D” in the procedure code will need to be entered. Example D0120



Basic Service Line Items

■ Enter “Submitted Charges”

* Submitted Charges: \$

➤ Note: If dollar amount is a whole number no decimal point is needed.

➤ Notes: The Agency request providers to enter their usual and accustomed charges here. If you have billed a Commercial Insurance primary or Medicare, please enter the same charges here as billed to the primary.



Basic Service Line Items

- Enter the appropriate procedure “Modifier/s” if needed.

Modifiers:

1:

2:

3:

4:

➤ Note: The use of modifiers on a dental claim are not needed at this time.



Basic Service Line Items

- If the procedure being billed requires a tooth number and surface this information can be entered by clicking on the “Tooth Information” red (+) expander.



Once the expander is opened, enter the Tooth Code/Number and the Tooth Surface (if required). The tooth surfaces can be found by clicking on the drop down arrow.

☐ **Tooth Information**

1.

Tooth Code/Number:

Add Another

Tooth Surface:

1:

2:

3:

4:

5:

B-Buccal
D-Distal
F-Facial
I-Incisor
L-Lingual
M-Mesial
O-Occlusal

Note: Enter only one surface per dropdown. ProviderOne will allow up to 5 surfaces per Tooth Code/Number.

Note: Enter only **ONE** Tooth Code/Number per service procedure code line. Multiple teeth using the same procedure code must be billed on separate service lines.



Basic Service Line Items

■ Enter “Procedure Count/Units”

* Procedure Count/Units: (Billing for anesthesia? Please indicate minutes here.)

➤ Note: At least 1 unit required.

➤ Note: For anesthesia billing please refer to the Dental billing instructions at <http://hrsa.dshs.wa.gov/Download/BI.html> . **DO NOT** add anesthesia minutes here!



Basic Service Line Items

- Enter any additional date of service for service line if different from original entered date above.

Service Date:	mm	dd	ccyy	(If different from the claim service date)
	<input type="text"/>	<input type="text"/>	<input type="text"/>	

➤ Note: Only enter a date of service here if it is different than what was entered in previous section above.

➤ Note that the date of service must be in the format of 2 digit month, 2 digit day, and 4 digit year, for example 10/03/2011



Basic Service Line Items

Orthodontist Only

- Enter the date for the appliance placement. If no appliance was placed skip and proceed to the next question.

Appliance Placement Date: mm dd ccyy

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- Note that the date of service must be in the format of 2 digit month, 2 digit day, and 4 digit year, for example 10/03/2011



Basic Service Line Items

- If the procedure being billed requires an “Oral Cavity Designation” when billed choose this from the drop downs provided.

Oral Cavity Designation:	1:	<input type="text"/>	2:	<input type="text"/>
	3:	<input type="text"/>	4:	<input type="text"/>
	5:	<input type="text"/>		<input type="text"/>

- Below is the list of “Oral Cavity Designations” available from the drop downs

00-Entire Oral Cavity	20-Upper Left Quadrant
01-Maxillary Area	30-Lower Left Quadrant
02-Mandibular Area	40-Lower Right Quadrant
09-Other Area Of Oral Cavity	L-Left
10-Upper Right Quadrant	R-Right

- Note: Although ProviderOne allows the entry of up to 5 oral cavity designations, only enter one per service line. Use the drop down option to choose the correct selection.



Basic Service Line Items

- If a “Prior Authorization” number needs to be added to a line level procedure code, click on the red “+” to expand the “Prior Authorization” field.



PRIOR AUTHORIZATION

- Note: If a Prior Authorization number was entered previously on the claim it is not necessary to enter it again here.

- The “Additional Service Line Information” is not needed for claims submission.



Additional Service Line Information



Add Service Line Items

- Click on the “Add Service Line Item” button to list the procedure line on the claim.

Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information. Total Submitted Charges: \$ 30.00

Line No	Proc. Code	Submitted Charges	Modifiers				Oral Cavity					Units	Service Date	Appliance Placement	Tooth/Surface	PA Number		
			1	2	3	4	1	2	3	4	5							
1	D0120	30.00										1						Delete or Other Service Info

➤ Note: Please ensure you have entered any necessary claim information before clicking the “Add Service Line Item” button to add the service line to the claim.

➤ Note: Once the procedure line item is added, ProviderOne will refresh and return to the top of the claim form.



Add Additional Service Line Items

- If additional service lines need to be added, click on the “**Service**” hyperlink to get quickly back to the “**Basic Service Line Items**” section.

Close Save Claim Submit Claim Reset

Professional Claim:

Note: asterisks (*) denote required fields.

Basic Claim Info Other Claim Info

Billing Provider | Subscriber | Claim | Service

- Then follow the same procedure for entering data for each line.



Update Service Line Items

- Update a previously added service line item by clicking on the line number of line that needs to be updated. This will repopulate the service line item boxes for changes to be made.

Click a Line No. below to view/update that Line Item Information. Total Submitted Charges: \$ 30.00

Line No	Proc. Code	Submitted Charges	Modifiers				Oral Cavity					Units	Service Date	Appliance Placement	Tooth/Surface	PA Number	
			1	2	3	4	1	2	3	4	5						
1	D0120	30.00										1					

[Delete or Other Service Info](#)

- Note: Once the line number is chosen, ProviderOne will refresh the screen and return to the top of the claim form. Use the “**Service**” hyperlink to quickly return to the service line item boxes and make corrections.



Update Service Line Items

- Once the service line is corrected, click on the “Update Service Line Item” button to add corrected information on the claim.

Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information. Total Submitted Charges: \$ 80.00

Line No	Proc. Code	Submitted Charges	Modifiers				Oral Cavity					Units	Service Date	Appliance Placement	Tooth/Surface	PA Number		
			1	2	3	4	1	2	3	4	5							
1	D0120	80.00									1							Delete or Other Service Info

- Note: Once “Update Service Line Item” is chosen, ProviderOne will refresh the screen and return to the top of the claim form. Use the “**Service**” hyperlink to quickly return to the service line item section to view and verify that changes were completed.



Delete Service Line Items

- A service line can easily be “Deleted” from the claim before submission by clicking on the “Delete” option at the end of the added service line.

Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information. Total Submitted Charges: \$ 80.00

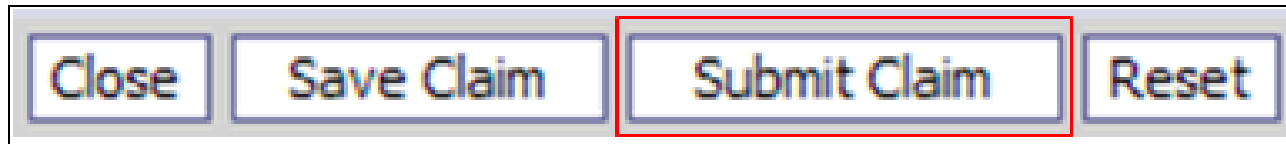
Line No	Proc. Code	Submitted Charges	Modifiers				Oral Cavity					Units	Service Date	Appliance Placement	Tooth/Surface	PA Number	Delete or Other Service Info
			1	2	3	4	1	2	3	4	5						
1	D0120	80.00										1					

- Note: Once the service line item is deleted it will be permanently removed from the claim. If the service line was accidentally deleted the provider will need to re-enter the information following previous instructions.



Submit Claim for Processing

- When ready to submit the claim for processing, click the “Submit Claim” button at the top of the claim form.





Submit Claim for Processing

- Click on the “Submit Claim” button to submit your claim. ProviderOne should display this prompt:



- Click on the “**OK**” button if you have backup to submit
- Click on the “**Cancel**” button if no backup is to be submitted.



Submit Claim for Processing – No Backup

- ProviderOne now displays the “Submitted Dental Claim Detail” screen
- Click on the “**OK**” button to finish submitting the claim

http://test.providerone.wa.gov/ - Claims Submission Final Dialog - Windows Internet Explorer

Submitted Dental Claim Details:


TCN: 201102000000002000
Provider NPI: 2549198465
Client ID: 200084441WA
Date of Service: 12/10/2010
Total Claim Charge: 190.00

Please click “Add Attachment” button, to attach the documents.

Attachment List:

<input type="checkbox"/>	Line No	File Name	Attachment Type	Transmission Code	Attachment Control	File Size	Delete	Uploaded On
No Records Found !								

WARNING: You must click the OK button to complete the claims submission.





Submit Claim for Processing – With Backup (Electronic File Attached)

- The “Claims Backup Documentation” page is displayed

- Enter the Attachment Type
- Pick one of the following Transmission Codes:
 - EL-Electronic Only or Electronic file,
 - Then browse to find the file name
- Click the “OK” button



Submit Claim for Processing – With Backup (Electronic File Attached)

- The “Submitted Dental Claim Details” page is displayed.

Submitted Dental Claim Details:

TCN: 201127300000016000
 Provider NPI: 1342222999
 Client ID: 300655596WA
 Date of Service: 10/20/2010-10/20/2010
 Total Claim Charge: 75

Please click “Add Attachment” button, to attach the documents. Add Attachment

Attachment List:

<input type="checkbox"/>	Line No ▲▼	File Name ▲▼	Attachment Type ▲▼	Transmission Code ▲▼	Attachment Control ▲▼	File Size ▲▼	Delete ▲▼	Uploaded On ▲▼
<input type="checkbox"/>	0	FAQDentalITPL.doc	EB	EL		242kb	X	09/30/2011

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SaveToXLS

Print
Print Cover Page
Ok

WARNING: You must click the OK button to complete the claims submission.

- All you need to do now is push the “OK” button to submit your claim.



Submit Claim for Processing – With Backup (Mailing or Faxing Backup)

- The “Claims Backup Documentation” page is displayed

- Enter the Attachment Type
- Pick one of the following Transmission Codes:
 - BM : By Mail
 - FX : Fax
- Click the “OK” button



Submit Claim for Processing – With Backup (Mailing or Faxing Backup)

- If you are sending paper documents with the claim, at the “Submitted Dental Claim Details” page click on the “Print cover Page” button.

Submitted Dental Claim Details:

TCN: 201127300000014000
 Provider NPI: 1342222999
 Client ID: 300655596VWA
 Date of Service: 10/20/2010-10/20/2010
 Total Claim Charge: 75

Please click "Add Attachment" button, to attach the documents. [Add Attachment](#)

Attachment List:

<input type="checkbox"/>	Line No ▲ ▼	File Name ▲ ▼	Attachment Type ▲ ▼	Transmission Code ▲ ▼	Attachment Control ▲ ▼	File Size ▲ ▼	Delete ▲ ▼	Uploaded On ▲ ▼
<input type="checkbox"/>	0	BM	EB	BM		0kb	X	09/30/2011

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[Ok](#)

↑

■ ■ Fill in the boxes with the appropriate information. When completed click on the “Print Cover Sheet” and mail to:

OR

Fax 1-866-668-1214

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Submit Claim for Processing – With Backup (Mailing or Faxing Backup)

- All you need to do now is push the “OK” button to submit your claim

Submitted Dental Claim Details:

TCN: 201127300000014000
 Provider NPI: 1342222999
 Client ID: 300655596WA
 Date of Service: 10/20/2010-10/20/2010
 Total Claim Charge: 75

Please click "Add Attachment" button, to attach the documents. [Add Attachment](#)

Attachment List:

<input type="checkbox"/>	Line No ▲ ▼	File Name ▲ ▼	Attachment Type ▲ ▼	Transmission Code ▲ ▼	Attachment Control ▲ ▼	File Size ▲ ▼	Delete ▲ ▼	Uploaded On ▲ ▼
<input type="checkbox"/>	0	BM	EB	BM		0kb	X	09/30/2011

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WARNING: You must click the OK button to complete the claims submission.





Reference Information

General Information about Medicaid:

- Summarized in the new ProviderOne Billing and Resource Guide

http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html

- See the new Provider Training web site for links to recorded Webinars, E-Learning, and Manuals

<http://www.dshs.wa.gov/provider/training.shtml>